

37

AO 440 (Rev. 10/93) Summons in a Civil Action

UNITED STATES DISTRICT COURT

MIDDLE

District of

PENNSYLVANIA

9/12/01
ny

DARRELL G. OBER
Plaintiff

V.

JOANNA REYNOLDS and
SYNDI GUIDO,
Defendants

SUMMONS IN A CIVIL CASE

CASE NUMBER: 1::01-CV-0084
Judge Caldwell

FILED
HARRISBURG
SEP 10 2001
MARY E. D'ANDREA, CLERK
Per *[Signature]*
DEPUTY CLERK

TO: (Name and address of Defendant)

(SEE COMPLT.)

YOU ARE HEREBY SUMMONED and required to serve upon PLAINTIFF'S ATTORNEY (name and address)

Don Bailey, Esq.
4311 N. 6th St.
Harrisburg, Pa. 17110
(717) 221-9500

an answer to the complaint which is herewith served upon you, within (20) Twenty days after service of this summons upon you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint. You must also file your answer with the Clerk of this Court within a reasonable period of time after service.

Mary E. D'Andrea, Clerk
CLERK

May 2, 2001
DATE

George T. Gardner
(By) DEPUTY CLERK George T. Gardner

UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF PENNSYLVANIA

RETURN OF SERVICE OF PROCESS

PLAINTIFF Daniel Abu COURT CASE NUMBER 1:01-cv-0084
DEFENDANT Joanna Reynolds TYPE OF PROCESS Certified Mail

SERVE _____
(Name individual, company; corporation, etc. to be served)

AT See attached
(Show Address)

SPECIAL INSTRUCTIONS OR OTHER INFORMATION REGARDING SERVICE _____

CERTIFICATE OF SERVICE

I HEREBY CERTIFY THAT:

____ I have personally served individual, company or corporation above.
☒ I have made service by mail as authorized by state law to the individual, company or corporation above. Appropriate state law authorizing this type of service is _____ . If certified mail was authorized, attach green cards to this form.

____ I have legal evidence of service, described under Remarks and attached hereto.
(Domiciliary service, Substituted service.)

____ I am unable to serve the process. (See Remarks)

NAME OF PERSON SERVED: _____

TITLE (IF ANY) OF PERSON SERVED: _____

ADDRESS WHERE SERVED: _____

DATE AND TIME OF PERSONAL SERVICE: _____

REMARKS: _____

9-7-01
Date

Adrienne Bailey
Signature of Process Server

RETURN THE ORIGINAL OF THIS FORM WITH THE ORIGINAL SUMMONS FORM TO:
OFFICE OF THE CLERK OF COURT, U.S. DISTRICT COURT
(Clerk's address in which the assigned judge is located. Refer to the
Notice of Judicial Assignment form.)

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Tanna Reynolds BSP
1800 Elmerton Ave
Hbg, Pa 17110

2. Article Number (Copy from service label)

7099 3400 0016 0532 8162

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

MAY 10 2001

C. Signature

X

☐ Agent☐ Addressee

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

- ☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Synda Guide, Esq.
Deputy General Counsel
333 Market St, 17th Fl.
Hbg, Pa 17101

2. Article Number (Copy from service label)

7099 3400 0016 0532 8155

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

MAY 09 2001

C. Signature

X Michael R Penn

☐ Agent☐ Addressee

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

- ☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes